

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019827

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 216

FILED JUN 11 1962

| | | | |
|--|---|--|--------------------------------|
| 1. PLACE OF DEATH a. COUNTY Pettis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Pettis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia | | c. CITY OR TOWN Sedalia | |
| Length of stay in lb 20 years | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell hospital | | d. STREET ADDRESS (If outside, give location) 1319 South Barrett | |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First VIRGIL Middle B. Last RAGAR | | 4. DATE OF DEATH Month June Day 5 Year 1962 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 10/4/7 |
| 9. AGE (last birthday) 54 | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dist. Manager | | 10b. KIND OF BUSINESS OR INDUSTRY Life Insurance Co. | |
| 11. BIRTHPLACE (City and state or country) Ionia, Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME William E. Ragar | | 13b. MOTHER'S MAIDEN NAME Minnie Bowlin | |
| 14. NAME OF HUSBAND OR WIFE Marjorie Miller Ragar | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 36 | |
| 17. INFORMANT Address Sedalia, Mo. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma, right lung DUE TO (b) Unknown DUE TO (c) Unknown Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH 8 mo. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour 12:40 a.m. p.m. Month, Day, Year 12/29/61 | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION Sedalia COUNTY Missouri STATE Missouri | |
| 21. I attended the deceased from 12:40 A.M. to 6/5/62 and last saw him alive on 6/4/62 . Death occurred at 12:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) John E. Ragar M.D. | | 22b. ADDRESS 1609 So. Limit Sedalia Mo | |
| 22c. DATE SIGNED 6/5/62 | | | |
| 22d. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 6/6/62 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery Sedalia, Missouri | |
| 24. FUNERAL DIRECTOR Edna Ewing ADDRESS Sedalia, Mo. | | 25. DATE RECD. BY LOCAL REG. June 6, 1962 | |
| 26. REGISTRAR'S SIGNATURE Nancy Anderson, Deputy | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JUN 22 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.